



LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES  
COMMUNITY PARTNERS  
MY HEALTH LA

<Day>, <Date>

Application ID: <App Id#>

Participant ID: <Participant ID#>

Category-SEQ

<Applicant's Name>

<Street Address>

<City> <State>, <Zip Code>

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**FINAL NOTICE – RENEW IMMEDIATELY!**

Services scheduled to expire on **<MHLA Insurance Term Date>**

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Dear <Applicant First Name> <Applicant Last Name>,

This is the final opportunity you will have to renew with the My Health LA Program. Unless you respond immediately to schedule an appointment, your program **services will end on <MHLA Insurance Term Date>**.

To renew, please call your medical home, **<Assigned Medical Home>** at **<Medical Home phone #>** to schedule an appointment. You can also make an appointment at a new medical home if you wish to change medical homes at this time.

**Appointments to renew fill up quickly.** To make sure you do not lose your My Health LA services, or your medical home and doctor, schedule your renewal as soon as possible. Remember to bring the following documents to your renewal appointment:

1. **PICTURE ID**, such as a California DMV issued ID, Consular ID, or other government issued ID.
2. **PROOF OF LOS ANGELES COUNTY RESIDENCY**, such as a recent rental agreement or utility bill.
3. **PROOF OF HOUSEHOLD INCOME**, such as recent pay stubs, or statement of income from your employer.

**NOTE:** If you cannot read or understand this letter, call MHLA Member Services at (844) 744-MHLA (1-844-744-6452)

Sincerely,

My Health LA Program